

AUTO CR - LOG SUMMARY #1050343

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
During an attempted street stop, the offender fled on foot and the involved member pursued. As the offender attempted to climb a fence, he pointed a firearm at the involved member who discharged his firearm three times without hits. The offender was apprehended at [REDACTED] and weapon recovered.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	FRANCIS, JOHN W		[REDACTED]	006 /	LIEUTENANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
29-NOV-2011 11:15 - 29-NOV-2011 11:15	[REDACTED]	0621	006	291 - RESIDENTIAL YARD	(FRONT/BACK)

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	LANDRUM, JASON L	20476	[REDACTED]	006 /	POLICE OFFICER	M	BLK		
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED] CHICAGO	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-DEC-2011 11:22	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-DEC-2011 11:22	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	15-DEC-2011 01:58	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	15-DEC-2011 12:02	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	15-DEC-2011 12:02	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	29-NOV-2011 03:53	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	29-NOV-2011 01:47	KALANTZIS, TOM	INVESTIGATOR I COPA	113 /	
PRELIMINARY	29-NOV-2011 01:40	KALANTZIS, TOM	INVESTIGATOR I COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					KALANTZIS, TOM	29-NOV-2011 01:40			
	DOCUMENTS - INTAKE INCIDENT		3	PO Landrum	N	KALANTZIS, TOM	30-NOV-2011 11:25	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		15		N	QUERFURTH, PATRICK	15-DEC-2011 12:02	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Landrum #17355	N	KALANTZIS, TOM	29-NOV-2011 05:37	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Landrum #17355	N	KALANTZIS, TOM	29-NOV-2011 05:37	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	KALANTZIS, TOM	30-NOV-2011 11:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3		N	KALANTZIS, TOM	29-NOV-2011 05:36	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 29-NOV-2011) - LOG #1050343

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	FRANCIS, JOHN W			006 /	LIEUTENANT OF POLICE	M	WHI		

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20A - GROUP 20 - NOTIFICATIONS SHOTS FIRED - NO HITS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	29-NOV-2011 13:40	KALANTZIS, TOM	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-DEC-2011 11:22	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	29-NOV-2011 01:40	KALANTZIS, TOM	INVESTIGATOR I COPA	113 /	

**CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT**3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(6/03)-C

RD #: [REDACTED]

Case ID: [REDACTED]

EVENT #: [REDACTED]

APPROVAL COMPLETE

IUCR: 0550 - Assault - Aggravated Po: Handgun

Occurrence [REDACTED]

Location: Chicago IL 60620
092 - Alley

Beat: 0621

Unit Assigned: 0634

RO Arrival Date: 29 November 2011 11:25

Occurrence Date: 29 November 2011 11:15

Offenders: 1

VICTIM - Individual

Name: LANDRUM, Jason L

Police Officer

Res: 7808 S Halsted St
Chicago IL 60620
312 - 745 - 3632

Beat: 0621

Empl: CPD 6TH DIST.
7808 S Halsted St
Chicago, Illinois 60620
Police Officer - Chicago

Beat: 0621

Sobriety: Sober

CPD Officer: Yes

Demographics

Male

Black

6'01,

190 lbs

Brown Eyes

Black Hair

Short Hair Style

Dark Brown Complexion

DOB: [REDACTED]

Age: 31 Years

WITNESS - Individual

Name: KENNEDY, John P

Police Officer

Res: 7808 S Halsted St
Chicago IL 60620
312 - 745 - 3632

Beat: 0621

CPD Officer: Yes

Suspect # 1

Name: [REDACTED]

In Custody

Res: [REDACTED]
Chicago ILLINOIS 60620

Beat: 0621

Demographics

Male

Black

6'01,

170 lbs ,

Brown Eyes

Black Hair

Medium Hair Style

Medium Complexion

DOB: [REDACTED]

Age: 21 years

Birth Place: Illinois

LANDRUM, Jason, L

(Victim)

is a No Relationship of

(Offender)

Chicago Police Department - Incident Report

RD #: [REDACTED]

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? No

FIREARMS

Firearm #1

Possessor/User: [REDACTED]

Type: Revolver

Make: Unknown Or Unpublished Gun Make
Code--Unknown--

Model: Rg10

Serial #: [REDACTED]

Feature: Blue Steel

Caliber/Gauge: 22 caliber

Barrel Length: 2 INCHES

Displayed? Yes

Used? No

Recovered? Yes

Taken/Stolen? No

Duty Related? No

Evidence?

Owner Known? Yes

Owner: [REDACTED]

Location

Found: [REDACTED]

Magazine Capacity: 6

Inventory #: [REDACTED]

Live Rounds: 4

Spent Cartridges: 0

NOTIFICATIONS

Request Type	Unit	Agency Name	Date	Star #	Name
Notification	601	Det Div Admin.	29 November 11:50	947	BURKE,
Other Notifications May Be In Narrative.					
Notification		Office Of News Affairs	29 November 12:15	7453	PEREZ,
Notification	116	Deployment Operations Center	29 November 12:15	11443	STRICKLAND,

NARRATIVES

EVENT# 06373: PLEASES REFER TO DETECTIVE SUPPLEMENTARY REPORT.
SUPERVISOR ON SCENE - STAR#: 734 NAME: JUAN RIVERA BEAT: 80
SUPERVISOR ON SCENE - STAR#: 439 NAME: ERIC CARTER BEAT: 0600
SUPERVISOR ON SCENE - STAR#: 205 NAME: JOHN FRANCIS BEAT: 0699
SUPERVISOR ON SCENE - STAR#: 1042 NAME: JOSE TIRADO BEAT: 0662
SUPERVISOR ON SCENE - STAR#: 1295 NAME: MICHAEL PARKER BEAT: 0670
REPORTING OFFICER - STAR#: 18360 NAME: LARRY DOTSON BEAT: 0634
REPORTING OFFICER - STAR#: 7963 NAME: JUAN LOPEZ BEAT: 0634
FIRST ARRESTING OFFICER - STAR#: 17355 NAME: JASON LANDRUM BEAT: 0662E
SECOND ARRESTING OFFICER - STAR#: 12134 NAME: JOHN KENNEDY BEAT: 0662E
OTHER SUPPORT - STAR#: 17629 NAME: ZBIGNIEW NIEWDACH BEAT: 5802
OTHER SUPPORT - STAR#: 1599 NAME: KENNETH KROK BEAT: 5810
OTHER SUPPORT - STAR#: 20141 NAME: JAMES SCANNELL BEAT: 5226
OTHER SUPPORT - STAR#: 20027 NAME: LORENZO SANDOVAL BEAT: 5226
OTHER SUPPORT - STAR#: 20810 NAME: JAMES BRAUN BEAT: 5213
OTHER SUPPORT - STAR#: 20802 NAME: AMBROSE RESA JR BEAT: 5213
ASSISTING OFFICER - STAR#: 9264 NAME: EDWARD O NEILL BEAT: 0611
ASSISTING OFFICER - STAR#: 4435 NAME: DERRICK ARMSTRONG BEAT: 0612
SUPERVISOR ON SCENE - STAR#: 1622 NAME: ROY BOFFO BEAT: 0610
ASSISTING OFFICER - STAR#: 19636 NAME: CLYDE HUDSON JR BEAT: 0653
ASSISTING OFFICER - STAR#: 19275 NAME: RONALD PITTMAN BEAT: 0632
GUARD SCENE - STAR#: 18006 NAME: NICOSIA MATHEWS BEAT: 0632
GUARD SCENE - STAR#: 6097 NAME: INOKI ROAN BEAT: 0633

Chicago Police Department - Incident Report

RD #: [REDACTED]

NARRATIVES

GUARD SCENE - STAR#: 7516 NAME: COREY MALTBIA BEAT: 0633
ASSISTING OFFICER - STAR#: 11063 NAME: WESLEY JACKSON BEAT: 0675
ASSISTING OFFICER - STAR#: 17269 NAME: ADRIAN VIVANCO BEAT: 0662C
ASSISTING OFFICER - STAR#: 12544 NAME: BENNY WILLIAMS BEAT: 0662C
ASSISTING OFFICER - STAR#: 4084 NAME: KEVIN OMARA BEAT: 0662D
ASSISTING OFFICER - STAR#: 5830 NAME: BRIAN MCENERNEY BEAT: 0662C
ASSISTING OFFICER - STAR#: 3909 NAME: JAMES GOCHEE BEAT: 0662D

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	7963	[REDACTED]	LOPEZ, Juan, C	[REDACTED]	[REDACTED]	006	0634

IUCR ASSOCS

Victim	IUCR	Crime	Offender
LANDRUM L Jason	0550	Assault - Aggravated Po: Handgun	[REDACTED]

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 29-NOV-2011		TIME 11:15:00		2 ADDRESS OF INCIDENT		3 LOCATION CODE 092		4 BEAT/OCCUR 0621	
5 POSITION 9161		6 LAST NAME LANDRUM		8 STAR NO JASON L		9 SEX 17355		10 RACE CODE BLK	
14 DATE OF APPT 29-NOV-2004		15 EMPLOYEE NO		16 UNIT & BEAT OF ASSIGNMENT 006		17 DUTY STATUS 01 On		18 MEMBER INJURED? 01 Yes	
20 LAST NAME		21 FIRST NAME		22 M		23 SEX 01 M		24 RACE BLK	
25 DOB		26 HT 601		27 WT 170		28 SUBJECT ALLEGED INJURY? 01 Yes		29 SUBJECT ALLEGED INJURY? 02 No	
30 CHARGES PLACED		31 BY WHOM?		32 CONDITION 01 Apparently Normal		33 CB NO.		34 IR NO.	
35 DNA		36 DNA		37 DNA		38 DNA		39 DNA	
40 DNA		41 DNA		42 DNA		43 DNA		44 DNA	
45 DNA		46 DNA		47 DNA		48 DNA		49 DNA	
50 DNA		51 DNA		52 DNA		53 DNA		54 DNA	
55 DNA		56 DNA		57 DNA		58 DNA		59 DNA	
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760 DNA		761 DNA		762 DNA		763 DNA		764 DNA	
765 DNA		766 DNA		767 DNA		768 DNA		769 DNA	
770 DNA		771 DNA		772 DNA		773 DNA		774 DNA	
775 DNA		776 DNA		777 DNA		778 DNA		779 DNA	
780 DNA		781 DNA		782 DNA		783 DNA		784 DNA	
785 DNA		786 DNA		787 DNA		788 DNA		789 DNA	
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815 DNA		816 DNA		817 DNA		818 DNA		819 DNA	
820 DNA		821 DNA		822 DNA		823 DNA		824 DNA	
825 DNA		826 DNA		827 DNA		828 DNA		829 DNA	
830 DNA		831 DNA		832 DNA		833 DNA		834 DNA	
835 DNA		836 DNA		837 DNA		838 DNA		839 DNA	
840 DNA		841 DNA		842 DNA		843 DNA		844 DNA	
845 DNA		846 DNA		847 DNA		848 DNA		849 DNA	
850 DNA		851 DNA		852 DNA		853 DNA		854 DNA	
855 DNA		856 DNA		857 DNA		858 DNA		859 DNA	
860 DNA		861 DNA		862 DNA		863 DNA		864 DNA	
865 DNA		866 DNA		867 DNA		868 DNA		869 DNA	
870 DNA		871 DNA		872 DNA		873 DNA		874 DNA	
875 DNA		876 DNA		877 DNA		878 DNA		879 DNA	
880 DNA		881 DNA		882 DNA		883 DNA		884 DNA	
885 DNA		886 DNA		887 DNA		888 DNA		889 DNA	
890 DNA		891 DNA		892 DNA		893 DNA		894 DNA	
895 DNA		896 DNA		897 DNA		898 DNA		899 DNA	
900 DNA		901 DNA		902 DNA		903 DNA		904 DNA	
905 DNA		906 DNA		907 DNA		908 DNA		909 DNA	
910 DNA		911 DNA		912 DNA		913 DNA		914 DNA	
915 DNA		916 DNA		917 DNA		918 DNA		919 DNA	
920 DNA		921 DNA		922 DNA		923 DNA		924 DNA	
925 DNA		926 DNA		927 DNA		928 DNA		929 DNA	
930 DNA		931 DNA		932 DNA		933 DNA		934 DNA	
935 DNA		936 DNA		937 DNA		938 DNA		939 DNA	
940 DNA		941 DNA		942 DNA		943 DNA		944 DNA	
945 DNA		946 DNA		947 DNA		948 DNA		949 DNA	
950 DNA</									

39. DNA WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS SEVERE CROSS WIND	
	45. MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)		46. MODEL 5943		47. BARREL LENGTH 4 INCH		48. CALIBER/GAUGE 9 MM	
	49. TASER DART ID NO		50. CHICAGO GUN REG NO		51. IL FIREARM OWNER ID NO 140		52. HANDGUN CERTIFICATE NO	
	53. SPECIAL WEAPON CERTIFICATE NO		54. PROPERTY INVENTORY NO		55. TYPE OF AMMUNITION USED Department Issued		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	
	57. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		58. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		59. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		60. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
	61. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			
	64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		66. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			
	67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN							

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

After being given his Miranda warnings, the subject admitted that he had a firearm but denied pointing it at police.

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Landrum related that while involved in a foot chase, the subject pointed a firearm at him while he was attempting to climb a fence. Officer Landrum, in fear of his life fired three rounds at the subject. The subject was apprehended and his weapon was recovered. It is the finding of the reporting lieutenant that Officer Landrum acted within departmental guidelines and applicable state law. This finding is based on all information that is available at this time.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO. **1050343** OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

FRANCIS, JOHN W

SIGNATURE

DATE COMPLETED
29-NOV-2011 15:52:26

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT

ARREST REPORT

SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

TO-FROM: SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I O D REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) LANDRUM, JASON L		1. INDOOR <input type="checkbox"/> 2. OUTDOOR <input checked="" type="checkbox"/>	
STAR NO. 17355	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT 29-NOV-2004	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 006	BEAT/CALL NO 0662E	LOCATION CODE 092-ALLEY	BEAT OF OCCURRENCE 0621
SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F	RACE BLACK	DATE OF OCCURRENCE 29-NOV-2011	TIME 11:15:00
HEIGHT 601	WEIGHT 190	DAY OF WEEK TUESDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 1	
<input checked="" type="checkbox"/> 1 ON DUTY A. UNIFORM, PATROL DUTY B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS D. TACTICAL E. B.I.S. UNIT F. SPECIAL EMPLOYMENT G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____	
TYPE OF ACTIVITY		MANNER OF ATTACK	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 720 ILCS 5.0/12-2-A-6-AGG ASSAULT/OFFICER/FIREARM IUCR CODE ASSAULT - AGG PRO.EMP. HANDGUN <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		<input checked="" type="checkbox"/> 01 SHOT <input type="checkbox"/> 02 SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF INJURY TO OFFICER		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER 22 SHORT <input checked="" type="checkbox"/> 1 REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3 RIFLE <input type="checkbox"/> 4 SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1 OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2 ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F RACE BLACK DOB [REDACTED] CB NO [REDACTED] IR NO. [REDACTED]	
WEATHER CONDITIONS		WAS THE OFFENDER'S ACTIVITY, DRUG RELATED?	
<input type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input checked="" type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND <input type="checkbox"/> G. OTHER		<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1	
APPROXIMATE OUTDOOR TEMPERATURE: 35 °F		GANG RELATED? <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

-

REPORTING MEMBER - SIGNATURE
LANDRUM, JASON L

STAR NO.
17355

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
FRANCIS, JOHN W 205

CPD-11.451 (REV. 1/04)

CHICAGO POLICE DEPARTMENT

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C (REV. 6/30)

FINAL APPROVAL

CB #
IR #
YD #
RD #
EVENT #

ARREST REPORTING

OFFENDER	Name	[REDACTED]		Male
	Res	Beat: 621	Black	6' 01"
	DOB		178 lbs	Brown Eyes
	AGE: 21 years		Black Hair	Short Hair Style
	POB: Illinois		Medium Brown	Complexion
	ARMED WITH Handgun			
INCIDENT	Arrest Date	[REDACTED]	TRR Completed? No	Total No Arrested: 1
	Location	Chicago, IL 60620 303 - Sidewalk	Beat: 621	Co-Arrests DCFS Ward ? No
	Holding Facility: District 005 Male Lockup		Dependent Children? No	Assoc Cases
	Resisted Arrest? No			
CHARGES	1	Offense As Cited	720 ILCS 5.0/12-2-A-6	Victim
			AGG ASSAULT/OFFICER/FIREARM	State Of Illinois, P.O. Landrum#17355
	2	Offense As Cited	720 ILCS 5.0/24-1.7-A	State Of Illinois, P.O. Landrum#17355
			ARMED HABITUAL CRIMINAL	
			Class X - Type F	
FELONY REVIEW	Felony Review :	Approved	29 NOV 2011 19:05	Grekstas, Kelly
				State's Attorneys's Office
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED			

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Landrum#17355

Empl: 7808 S Halsted St
Chicago, IL 60620
312-745-3610

Beat: 621

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Kennedy#12134

Empl: 7808 S Halsted St
Chicago, IL 60620
312-745-3610

Beat: 621

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

INCIDENT NARRATIVE

EVENT: [REDACTED] IN SUMMARY A/O'S WERE CONDUCTING AN INVESTIGATION AFTER A RECENT AGGRAVATED BATTERY WITH A HANDGUN ON THE [REDACTED]. A/O'S ANNOUNCED THEIR OFFICE AND HAD STAR IDENTIFICATION CLEARLY VISIBLE AS THEY APPROACHED THE OFFENDER FOR A FIELD INTERVIEW, AT WHICH TIME THE OFFENDER FLED FROM A/O'S. A/O LANDRUM#17355 AND A/O KENNEDY#12134 CHASED THE OFFENDER INTO A GANGWAY AS THE OFFENDER WAS JUMPING OVER A GATE. THE OFFENDER DID NOT COMPLY WITH A/O'S VERBAL COMMAND TO STOP RUNNING. WHEN THE OFFENDER LANDED FROM OVER THE GATE THE OFFENDER POINTED A HANDGUN IN THE DIRECTION OF A/O LANDRUM, PLACING A/O LANDRUM IN FEAR OF RECEIVING A BATTERY. AT WHICH TIME A/O LANDRUM FIRED THREE SHOTS MISSING THE OFFENDER. THE OFFENDER DROPPED THE HANDGUN AND CONTINUED TO RUN FROM A/O'S. A/O'S CAUGHT THE OFFENDER AND PLACED THE OFFENDER INTO CUSTODY AT [REDACTED]. A/O LANDRUM RECOVERED THE OFFENDER'S WEAPON AT [REDACTED] A BLUE STEEL 6 SHOT ROHM RG10 .22 CALIBER REVOLVER LOADED WITH FOUR LIVE ROUNDS BEARING SERIAL [REDACTED]. CLEAR LEADS AND INVESTIGATIVE ALERTS. NO TRAP OR GIPP LIST. NOT ON PAROLE AND NO PRIOR CONVICTIONS FOR THE ABOVE LISTED CHARGE. OFFENDER HAS \$60.00 USC ON HIS PERSON. GUN DESK P.O. HOCKINS#7586 CLEAR NOT REGISTERED AT 1339HRS. WEAPON [REDACTED] FURTHER INVESTIGATION SHOWS THAT OFFENDER IS A CONVICTED FELON UNDER CASE [REDACTED]

COURT INFO

Desired Court Date: 06 December 2011
Branch: 38-4 727 E 111TH ST - Room
Court Sgt Handle? No
Initial Court Date: 30 November 2011
Branch: 1 2600 S CALIFORNIA - Room111
Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #12544 WILLIAMS, B [REDACTED] 29 NOV 2011 14:57

ARRESTING OFFICER(S):

1st Arresting Officer: #17355 LANDRUM, J [REDACTED] Beat 0662E
2nd Arresting Officer: #12134 KENNEDY, J [REDACTED] Beat 0662E

APPROVING SUPERVISOR:

Approval of Probable Cause : #452 DEANE, J B [REDACTED] 29 NOV 2011 15:29

ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

Holding Facility: District 005 Male Lockup
Received in Lockup: 29 November 2011 20:23
Prints Taken: 29 November 2011 20:45
Palmprints Taken: Yes
Photograph Taken: 29 November 2011 20:29
Released from Lockup:

Time Last Fed:
Time Called: Phone#: 7736535590
Cell #: H 2
Transport Details : 1PO 0612 29-NOV-2011 11:23

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

ARRESTEE QUESTIONNAIRE

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Appears Fine

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		RHO	
Lockup Keeper:	#18489	CAR	
Assisting Arresting Officer:	#12544	WIL	0662C
Assisting Arresting Officer:	#17269	VIVA	0662C
Assisting Arresting Officer:	#3909	GOC	0662D
Assisting Arresting Officer:	#4084	OMA	0662D
Assisting Arresting Officer:	#5830	MCE	0662C
Fingerprinted By:	#6224	ANN	
Detective :	#20141	Scar	29 NOV 2011 20:16

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#616	GILL	0 NOV 2011 01:50

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 29-NOV-2011		TIME 11:15:00		2 ADDRESS OF OCCURRENCE [REDACTED]			3 LOCATION CODE 092		4 BEAT/OCCUR 0621													
	5 POSITION 9161		6 LAST NAME LANDRUM		7 FIRST NAME JASON L		8 STAR NO 17355		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK		11 AGE [REDACTED]		12 HT 601		13 WT 190						
	14 DATE OF APPT 29-NOV-2004		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 006 0662E		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 601		27 WT 170								
	30 WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																		
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?		34 BY WHOM?		35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																		
36 CHARGES PLACED 720 ILCS 5.0/24-1.7-A, 720 ILCS 5.0/12-2-A-6, 720 ILCS 5.0/24-1.1-A																		37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE														
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER <u>POINTED FIREARM AT R/O</u>														
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <u>NONE</u>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>NONE</u>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER <u>R/O DISCHARGED THREE RC</u>														
	39 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																						
WEAPON DISCHARGE INCIDENT	40 ADDITIONAL INFORMATION R/O WAS INVOLVED IN FOOT CHASE, DURING FOOT CHASE OFFENDER POINTED FIREARM AT R/O. R/O IN FEAR OF A BATTERY DISCHARGED THREE ROUNDS FROM HIS WEAPON.																						
	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]																		
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS SEVERE CROSS WIND																
	45 MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)		46 MODEL 5943		47 BARREL LENGTH 4 INCH		48 CALIBER/GAUGE 9 MM																
49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL No (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO															
54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED Department Issued		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED 3															
59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																	
63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																			
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																					
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																					
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																						
	73 REPORTING MEMBER (Print Name) LANDRUM, JASON L STAR/EMPLOYEE NO 17355 29-NOV-2011 15:38:46																						
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																						
	74 REVIEWING SUPERVISOR (Print Name) FRANCIS, JOHN W		STAR NO 205		SIGNATURE [REDACTED]		DATE REVIEWED 29-NOV-2011 15:44:01		TIME 15:44:01														

WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input checked="" type="checkbox"/> 01 Daylight		44 WEATHER CONDITIONS SEVERE CROSS WIND	
	45 MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD,CHIEF SPECIAL)				46 MODEL 5943		47 BARREL LENGTH 4 INCH		48 CALIBER/GAUGE 9 MM	
	49 TASER DART ID NO		50 SERIAL No (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO 140		53 HANDGUN CERTIFICATE NO	
	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED Department Issued		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED 3	
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70 EVENT NO.	
63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT						
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

After being given his Miranda warnings, the subject admitted that he had a firearm but denied pointing it at police

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Landrum related that while involved in a foot chase, the subject pointed a firearm at him while he was attempting to climb a fence. Officer Landrum, in fear of his life fired three rounds at the subject. The subject was apprehended and his weapon was recovered. It is the finding of the reporting lieutenant that Officer Landrum acted within departmental guidelines and applicable state law. This finding is based on all information that is available at this time.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1050343 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

FRANCIS, JOHN W

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

29-NOV-2011 15:52:26

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

**BUREAU OF INTERNAL AFFAIRS
INVESTIGATIONS DIVISION
GENERAL INVESTIGATIONS SECTION**

**Date 29 Nov 2011
LOG # 1050343**

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Division

ATTN: Lt. Susan Clark # 320
Administrative Section
Investigations Division

FROM: Sergeant Ray Broderdorf# 1125
Investigations Division
General Investigations Section

SUBJECT: Synoptic Report – Firearm Discharge Incident (NO HITS)

RESULTS: BAC .000

REFERENCE: LOG # CL 1050343

WD # [REDACTED]

RD # [REDACTED]

**INCIDENT
LOCATION:**

[REDACTED]

DATE & TIME:

W/C: Lt. Francis #205, 699

INVOLVED MEMBER(s):	Police Officer	Jason L. LANDRUM
	Star #	17355
	Employee #	[REDACTED]
	Unit of Assignment	006
	C/S	29 Nov 2004
	DOB:	[REDACTED]

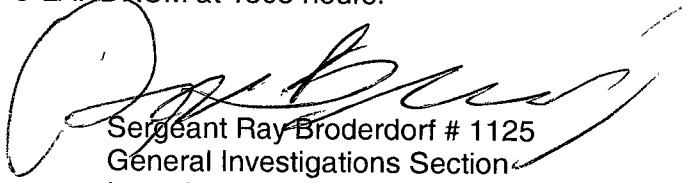
NARRATIVE:

R/S received notification from CPIC by LT Clark at 1150 hours on 29 Nov 2011 regarding a Firearm Discharge Incident in the 006th District.

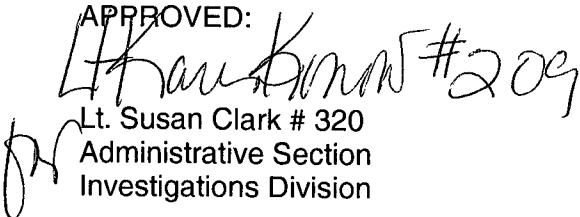
R/Sgt. Arrived in Area 2 at 1330 hours.

R/Sgt arrived and began the 20 min observation period of PO Jason LANDRUM at 1430 hours. PO LANDRUM was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test was conducted at 1454 hours and the BAC was .000. The W/C was notified of the results.

R/Sgt then collected the urine specimen of PO LANDRUM at 1505 hours.


Sergeant Ray Broderdorf # 1125
General Investigations Section
Investigation Division

APPROVED:


Lt. Susan Clark # 320
Administrative Section
Investigations Division

OPERATOR

Boedard 1125
WITNESS

05
L
Z
F
[redacted]
[redacted]
[redacted]

CL 1650343
TEST LOCATION

TEST LOCATION



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name JASON L. LANDRUM Title P.O.
Star No. 17355 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>JASON L. LANDRUM</u>		Involved Member's Signature <u>Po. J. [Signature]</u>	Date and Time <u>29 Nov 11 1510</u>
Type of Test: Alcohol	Location: <u>AREA 2</u>	Date and Time: <u>29 Nov 11 1454</u>	
Type of Test: Drug	Location: <u>AREA 2</u>	Date and Time: <u>29 Nov 11 1505</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt. Ray Braderdonk</u>	IAD Supervisor's Signature <u>[Signature]</u>	Date and Time <u>29 Nov 11 1510</u>
---	--	--

CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

IT NO.		PROP. INVENTORY NO.		DATE RECEIVED <i>29 Nov 88</i>		MANNER RECEIVED <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB <input type="checkbox"/> OTHER-DESCRIBE	
LIVERING OFFICER <i>Braden</i>		STAR NO. <i>1125</i>		E & RPS RECEIVING OFFICER <i>CB</i>		STAR NO. <i>1050343</i>	
CONTENTS - DESCRIBE <div style="background-color: black; height: 100px; width: 100%;"></div>							
COUNT \$ <i>At B</i>							

SEAL WITHIN WHITE AREA

1175 P. J. J 17285

EVIDENCE - PROPERTY ENVELOPE

EVIDENCE & RECOVERED PROPERTY SECTION

CHICAGO POLICE DEPARTMENT

34-559-A

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT D. Broderdorf

☐ Employer Representative _____
Signature of Employer Representative

PART I - A. On the 29 day of November, 2011 at 1505, I, JASON LANON,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT Broderdorf,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed [REDACTED] cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number [REDACTED].

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number [REDACTED].

EXAMINEE'S SIGNATURE

[Signature]

STAR/EMP NO.

[REDACTED]

WITNESS'S SIGNATURE

[Signature]

STAR/EMP NO.

[REDACTED]

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

[Signature]

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conny, on 29 Nov 11, at 1600,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____.
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

SPECIMEN ID NO.

FOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CHICAGO POLICE DEPT
1000 DRUG UNIT, 1100/1100
10 S MICHIGAN AVE
CHICAGO IL 60654
1 312 745 5000 FAX 312 745 5000

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

WEAPON ALLEGED PER
FOR CONTRACT.

G. Drug Tests to be Performed:

35190N SAP 10-50/2000 P/NCT

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

APCA 2

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X

Signature of Collector

Time of Collection

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:



NEGATIVE



POSITIVE



TEST CANCELLED



REFUSAL TO TEST BECAUSE:



DILUTE



ADULTERATED



SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:



RECONFIRMED



FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 29 day of Nov 2011, I PO C. Conry # 7094
received a collected urine specimen from Sgt. R. Broderdorf # 1125. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO Conry in the presence
of Sgt. R. Broderdorf. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] Quest
Diagnostics specimen bag and [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO Conry 7094, as witnessed by Sgt. R. Broderdorf.

Specimen delivered by:

Signature

1125

Received/stored by:

Signature

7094

Last Name: ANDRUM
First Name: J A SON
Rank: PO
Star #: 17355
Unit: 004
Home Zip Code: 60053
Date Hired: 29 Nov 2004
Birthdate: [REDACTED]



29 Nov 11

TS
COPY

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. D. Broderdorf

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 29 day of November, 2011 at 1505, I, JASON LANON,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. Broderdorf,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed _____ p and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the n _____

A	B
MAIN TEST VIAL NO.	ALTERNATE TEST VIAL NO.

EXAMINEE'S SIGNATURE

to. J. J.

WITNESS'S SIGNATURE

STAR/EMP NO.

1125

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

1125

PART II - The urine specimen with the control number _____ was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conny
(STAFF MEMBER'S SIGNATURE)

, on 29 Nov 11, at 1600
(DATE) (TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

SPECIMEN ID NO.

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)

Return to Duty (6)

Follow-up (23)



Other (specify) (99)

WEAPON DISQUALIFY PER
FOR CONTRACT.

G. Drug Tests to be Performed:

75190N SAP 10-50/2000 U/NL

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS: ADCA 2

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

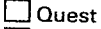
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

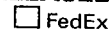
Signature of Collector
(Print) Collector's Name (First, MI, Last)

Time of Collection
Date (Mo./Day/Yr.)

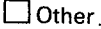
SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:



Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct



Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:



NEGATIVE



POSITIVE



TEST CANCELLED



REFUSAL TO TEST BECAUSE:



DILUTE



ADULTERATED



SUBSTITUTED

REMARKS:



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:



RECONFIRMED



FAILED TO RECONFIRM - REASON



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 29 day of Nov 2011, I PO C. Conry # 7094
received a collected urine specimen from Sgt. R. Broderdorf # 1125. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO Conry in the presence
of Sgt. R. Broderdorf. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] st
Diagnostics specimen bag and

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO Conry 7094, as witnessed by Sgt. R. Broderdorf.

Specimen delivered by: [Signature] # 1125
Signature

Received/stored by: PO C. Conry # 7094
Signature



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name JASON L. LANDRUM Title P.O.
Star No. 17355 Employee No. [REDACTED] Unit 006

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name		Involved Member's Signature	Date and Time
JASON L. LANDRUM		Po. J. [Signature]	29 Nov 11 1510
Type of Test: Alcohol	Location: <u>AREA 2</u>	Date and Time: <u>29 Nov 11 1454</u>	
Type of Test: Drug	Location: <u>AREA 2</u>	Date and Time: <u>29 Nov 11 1505</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
Sgt. Ray Broderick	[Signature]	29 Nov 11 1510

CPD-44.252 (7/10) DISTRIBUTION - ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXXX
CHICAGO POLICE DEPT
RANDOM DRUG UNIT #1087SW
3510 S MICHIGAN AVE
CHICAGO, IL 60653



Quest
Diagnostics

PARTICIPANT NAME		PARTICIPANT ID		ROOM NO.	AGE	SEX	PHYSICIAN	
[REDACTED]		[REDACTED]						
PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF #	COLLECTION DATE & TIME	LOG-IN-DATE	FAX DATE	& TIME	
1	4931046	626650W		11292011 03:05PM	11302011	11302011	03:01PM	

REMARKS: Client Site Location:

REASON FOR TEST: WEAPON

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered:		35190N (SAP 10-50/2000 W/NIT)					
Integrity Checks		Acceptable Range					
CREATININE		169.5 mg/dL	>/= 20 mg/dL				
pH		5.9	4.5-8.9				
OXIDIZING ADULTERANTS		Negative					
Substance Abuse Panel							
			Initial Test Level	MS Confirm Test Level			
AMPHETAMINES		Negative	1000 ng/mL	500 ng/mL			
BARBITURATES		Negative	300 ng/mL	200 ng/mL			
BENZODIAZEPINES		Negative	300 ng/mL	200 ng/mL			
COCAINE METABOLITES		Negative	300 ng/mL	150 ng/mL			
MARIJUANA METABOLITES		Negative	50 ng/mL	15 ng/mL			
METHADONE		Negative	300 ng/mL	200 ng/mL			
METHAQUALONE		Negative	300 ng/mL	200 ng/mL			
OPIATES		Negative	2000 ng/mL	2000 ng/mL			
PHENCYCLIDINE		Negative	25 ng/mL	25 ng/mL			
PROPOXYPHENE		Negative	300 ng/mL	200 ng/mL			
CERTIFYING SCIENTIST:		KSSM04					
SPECIMEN RECEIVED AND PROCESSED		IN THE LENEXA DHHS CERTIFIED LABORATORY.					
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
>> END OF REPORT <<							



OPERATOR

B. Roderdorf 1125

WITNESS

CL 1050343

TEST LOCATION
